

Exam./Williams - Graby

17

1 Q. All right. Did he appear agitated or violent
2 in any way?

3 A. Not violent, no.

4 Q. Agitated?

5 A. I'm just trying to recollect.

6 Q. That's all we're asking.

7 A. Perhaps slightly agitated.

8 Q. All right. Now, did you-- Were you still
9 there when Dr. Spurrier exited the room?

10 A. Yes.

11 Q. And do you know where Dr. Spurrier went or what
12 he did after he left the room?

13 A. I don't know exactly.

14 Q. What did you do after Dr. Spurrier left the
15 room?

16 A. I believe I conversed briefly with the doctor
17 and the ECU staff, the nurse for the patient.

18 Q. What do you recall about those conversations,
19 what you said, what they said?

20 A. I don't recall exactly what was talked about in
21 that conversation, but I believe we were just
22 discussing the patient.

23 Q. Do you recall anything about what was said
24 about the patient?

25 A. I don't recall specifically anything that was

1 said, no.

2 Q. All right. Was there any discussion about the
3 possibility of calling a red alert?

4 A. That wasn't discussed at the time.

5 Q. Was it considered at the time?

6 A. Red alert is always a fallback, more or less.
7 If a problem arises that's too great to be
8 handled by the people present, then a red alert
9 will be called.

10 Q. I understand. It's always an option?

11 A. It's always an option.

12 Q. But in this particular case, you don't recall
13 specifically discussing using that option with
14 either Dr. Spurrier or the ECU staff?

15 A. I don't recall specifically stating that, no.

16 Q. And, you know, your answer is fair enough, you
17 say you don't specifically recall that, but it
18 leads me to have to ask you a follow-up. Do
19 you have a general recollection of its having
20 been discussed?

21 A. It may have been only in the case that when I
22 had to leave the ECU, if -- something to the
23 effect may have been said, if things escalate
24 or if it becomes a problem, call a red alert.
25 As a reminder, it's always there.

1 Q. And we'll get to that point, but let me ask you
2 this, what is your understanding of what would
3 happen when a red alert is called?

4 A. In general?

5 Q. In general, yes.

6 A. Generally, a red alert is called for -- to
7 assist in subduing a combative patient. If the
8 situation has escalated to beyond control of
9 the people that are presently there, it will be
10 called.

11 So it's not-- It can serve as a verbal
12 escalation tactic. We can arrive just in a
13 show of numbers to de-escalate a situation. Or
14 it can be a situation that's gone too far and
15 needs dealt with immediately.

16 Q. All right. And we heard some testimony earlier
17 about something called a red alert team. Do
18 you know what that is?

19 A. The red alert team, yes.

20 Q. What is it?

21 A. It's individuals within the hospital from the
22 healthcare system that have been certified,
23 have gone through the training for red alert.
24 They're all placed on the red alert team as
25 responders to the red alert.

1 Q. And if a red alert is called, then all the
2 members of the red alert team who are on duty
3 respond to it. Is that accurate?

4 A. Yes.

5 Q. Now, you indicated and I think we noticed from
6 some other documents-- Strike that for a
7 second. I'm sorry. You've referred a couple
8 times to the ECU nurse that you may have had
9 some contact with at this point.

10 A. Yes.

11 Q. Who was that?

12 A. Pat Smith.

13 Q. Besides Dr. Spurrier and Pat Smith, any other
14 Holy Spirit personnel that you may have had
15 communication with at the point of this story
16 where you were present in the emergency room
17 and dealing with Ryan Schorr?

18 A. Yes. The ECU tech, Rodney Buckles--

19 Q. Yes.

20 A. --and Pat. I don't recall any other
21 conversations with anyone.

22 Q. Okay. Now, you indicated, as I started to say
23 before, that at some point you had to leave the
24 emergency department. Correct?

25 A. Yes.

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1 Q. Help me place that, first of all, in time. How
2 long after Dr. Spurrier left the room did you
3 have to leave the emergency area approximately?

4 A. Approximately 10, 15 minutes.

5 Q. And why did you have to leave the emergency
6 room?

7 A. I was called out.

8 Q. Who called you and to where?

9 A. As hard as I tried to remember, I don't
10 remember exactly what I was called for.

11 Q. You were called someplace else in the hospital?

12 A. Yes.

13 Q. And on this particular shift, am I correct in
14 understanding that you were the only security
15 officer on duty?

16 A. Yes.

17 Q. Now, before you left the emergency area--
18 First of all, had you been asked by anybody to
19 put any restraints on Ryan Schorr? And by
20 "restraints", I mean on his person not just to
21 close the door to keep him in the room.

22 A. No.

23 Q. All right. And did you consider, yourself,
24 using restraints on Ryan Schorr?

25 A. No.

1 Q. And it may be a funny question, but let me ask
2 you, why not?

3 A. His behavior didn't require such means.

4 Q. Explain that to me. What about his behavior
5 was not indicative of a need for restraints?

6 A. He wasn't showing any indications of violence,
7 of the complete loss of control. He wasn't
8 showing any indications of what we typically --
9 the criteria. None of the criteria were being
10 fit that we would typically use to restrain
11 someone.

12 Q. All right. What criteria do you have in mind?

13 A. Well, typically it falls upon the doctor to
14 make the call for restraints. I say typically,
15 all the time. Combative behavior is probably
16 the Number 1 reason.

17 Q. All right. And I guess you're indicating to me
18 that he did not appear combative to you?

19 A. No.

20 Q. Did he appear to be under the influence of
21 drugs? To you, did he appear that way?

22 A. I certainly couldn't make that determination.

23 Q. All right. You brought with you this -- or
24 we've received this incident report and I just
25 want to--

1 MR. WILLIAMS: Why don't we mark it, I
2 guess, as Graby 1?

3 (Graby Exhibit #1 was marked for
4 identification.)

5 BY MR. WILLIAMS:

6 Q. Mr. Graby, what we marked as Graby 1 there,
7 that incident report, is that something you
8 prepared?

9 A. Yes, sir.

10 Q. And there's an indication that this was
11 prepared the same day as the Ryan Schorr
12 incident. Is that accurate?

13 A. Yes.

14 Q. Let me see that for a minute and ask you a
15 couple of questions about it. Who did you
16 submit this report to?

17 A. It would have been submitted to my manager.

18 Q. And who would that be?

19 A. Charles Sterling.

20 Q. And I-- Really on this document, I just want
21 to ask you a couple of -- about a couple of
22 words that you use. One is the entry for
23 8:35-- By the way, these numbers on the side
24 here, these refer to approximate times that the
25 different things happened?

1 A. Yes, sir.

2 Q. So at 8:35, you talk about what you told me
3 when you and Tech Buckles entered the room.
4 But at the end of that entry, it says, "Graby
5 secludes patient Schorr." What does that mean?

6 A. That would be the process of the door being
7 closed.

8 Q. Okay. And, of course, when you close that
9 door, it was locked as far as the inside person
10 was concerned?

11 A. Yes, sir.

12 Q. And there's an entry here at 8:55 where you're
13 talking about the time that you had to leave
14 the ECU. And it says you're cleared from
15 standby ECU by staff? That means you checked
16 with someone to see if it was okay to leave?

17 A. Yes.

18 Q. And who did you check with?

19 A. Pat Smith.

20 Q. And it says you were cleared by staff due to
21 patient's compliant behavior.

22 A. Yes.

23 Q. What does that mean "the patient's compliant
24 behavior"?

25 A. That the patient was generally compliant with

1 the requests of staff.

2 Q. And by the way, before this day, had you,
3 yourself, had any previous contact with Ryan
4 Schorr?

5 A. Not that I recall, no.

6 (Graby Exhibit #2 was marked for
7 identification.)

8 BY MR. WILLIAMS:

9 Q. What we've marked as Graby 2, this is an
10 incident report, as counsel explained to me, on
11 the red alert. Is that accurate?

12 A. Yes.

13 Q. And did you also prepare this?

14 A. Yes.

15 Q. And this report begins at 9:09 and ends at
16 9:30; is that correct?

17 A. Yes.

18 Q. I mean, as far as the events that you're
19 describing.

20 A. Yes.

21 Q. All right. Do you recall where you were when
22 you heard the red alert?

23 A. I believe I was in the vicinity of the
24 information desk.

25 Q. And where is that in relation to the emergency

1 department?

2 A. Relation by feet or by yards or--

3 Q. Yes, by feet or yards, if you can do that.

4 A. I would say as the crow flies approximately 75
5 yards to 100 yards.

6 Q. Fine. Now, I just want to ask you about some
7 details of the report here. The red alert was
8 called at 9:09, and your report indicates you
9 got back there at 9:10; that is, got back to
10 the emergency department. Now, at that point,
11 Schorr had already left the scene. Is that
12 accurate?

13 A. Yes.

14 Q. Did you learn when you arrived there how long
15 he had been gone?

16 A. When I arrived at the ECU?

17 Q. Yes.

18 A. No, I didn't. I don't think I--

19 Q. Okay.

20 A. It wasn't stated, not in, like, seconds or
21 minutes or anything like that.

22 Q. I understand. And again, I also recognize that
23 we're dealing with approximate times, but if we
24 look at Graby 1, the incident report, this
25 indicates that you left the ECU around 9:00.

- 1 Correct?
- 2 A. Yes.
- 3 Q. And obviously, at that point, Schorr was still
- 4 there.
- 5 A. Yes.
- 6 Q. And you got back around 9:10. So he left
- 7 sometime between 9:00 and 9:10. Does that
- 8 sound about right to you?
- 9 A. Yes.
- 10 Q. And you then described what you did when you
- 11 got back. Is it fair to summarize it by saying
- 12 that you searched the garage and the general
- 13 area looking for Schorr?
- 14 A. Yes.
- 15 Q. But obviously you weren't able to find him at
- 16 that point. Correct?
- 17 A. Correct.
- 18 Q. Your entry for this 9:20 time says that when
- 19 you got back from looking around for Schorr,
- 20 you were informed by staff that there were
- 21 three responders to the RA-- that's red alert--
- 22 A. Yes.
- 23 Q. --which ECU staff cleared. Do you know who the
- 24 three responders were?
- 25 A. No.

1 Q. Would they have been members of the red alert
2 team that we were talking about?

3 A. Yes.

4 Q. And does this entry indicate that when they got
5 there, ECU staff cleared them, meaning, you
6 might as well go because there's nothing for
7 you to do or something like that? Or what does
8 that mean?

9 A. That could be the case. Or it could be that
10 there were enough other people present to
11 handle the situation.

12 Q. All right.

13 A. It could be for various reasons.

14 Q. I understand. But when you arrived, Mr. Myers
15 from engineering was still present?

16 A. Yes.

17 Q. Was he one of the responders?

18 A. Yes.

19 Q. And is he on the red alert team, if you know?

20 A. I don't know.

21 Q. All right. But you cleared Mr. Myers.
22 Correct?

23 A. Correct.

24 Q. Now, there's a reference to Candice here.
25 That's Candice Highfield?

1 A. Yes.

2 Q. And she's the crisis worker? She was the
3 crisis worker?

4 A. Yes.

5 Q. You gave some indication of what Miss Highfield
6 told you. And just to sort of put it in
7 context, I'll read it. You say, "Candice said
8 that she opened the door to seclusion to read
9 patient Schorr his rights with the door only
10 open halfway. Patient Schorr physically pushed
11 Candice and then ran from the ECU." My
12 question is, did Candice tell you anything else
13 besides that?

14 A. No. I think that was pretty much it.

15 Q. Did she tell you anything about Schorr's mood
16 or mental state or--

17 A. No.

18 Q. --way of being at that time?

19 A. No.

20 Q. All right. Now, did you or someone that you
21 observed contact the police at any of these
22 points?

23 A. The police were contacted.

24 Q. Do you know by whom?

25 A. I do not know.

Exam./Williams - Graby

3

1 Q. All right. Were you present when the police
2 were contacted? And when I say "present", I
3 mean present so that you could hear the contact
4 being made.

5 A. I don't recall.

6 Q. All right. After these events, did you have
7 any conversation with the police or policemen
8 about this incident?

9 A. After being--

10 Q. Well, after Ryan Schorr had left Holy Spirit
11 Hospital, did you have any contact with the
12 police?

13 A. That day?

14 Q. Yes.

15 A. Within that time frame there?

16 Q. Yes, first of all. Then I'll--

17 A. I don't recall that I specifically talked to
18 any officers.

19 Q. Now, later, as the police and other agencies
20 investigated this incident, did you have some
21 contact with law enforcement officers about it?

22 A. As it was being investigated?

23 Q. Yes.

24 A. Yes.

25 Q. And do you know with whom? Do you know what

1 police department or--

2 A. An officer from, I believe it's called CID.

3 Q. And did you give a recorded statement to that
4 officer, do you know?

5 A. A written statement?

6 Q. First of all--

7 A. Sorry.

8 Q. No, that's fine. No, it's my confusion. Did
9 you give a written statement?

10 A. Yes.

11 Q. All right. And do you know if the written
12 statement was also recorded mechanically?

13 A. No.

14 Q. The written statement, was it one that you
15 signed?

16 A. Yes.

17 Q. And were you given a copy of it?

18 A. Yes, I believe so.

19 Q. All right. When you were called away from ECU,
20 I know you told us you were cleared by staff
21 there, I guess Miss Smith, did you, you know,
22 report to anyone that you were leaving ECU?
23 Was that part of the protocol?

24 A. Pat would have been the only person that needed
25 to know that.

1 Q. I understand. You didn't have to call in your
2 departure to somebody else?

3 A. No.

4 Q. Did Ryan Schorr curse or use any profane
5 language at any point that you heard?

6 A. He may have. Again, I don't recall the
7 specifics.

8 Q. Fine. Did you have any contact with Carol
9 Joeger, Nurse Joeger, on the day of the Ryan
10 Schorr incident?

11 A. I know that I had contact with Carol at some
12 point, but I can't recall her specific role in
13 what I talked to her--

14 Q. That's fine. And I guess I should have asked
15 you this at the beginning of the deposition,
16 but were you a full-time security officer at
17 Holy Spirit?

18 A. Yes, sir.

19 Q. And how many hours a week did you work
20 typically?

21 A. 40 hours a week.

22 Q. And that's still the case today?

23 A. Yes, sir.

24 Q. All right. I have no further questions for
25 you.

1 EXAMINATION

2 BY MR. MacMAIN:

3 Q. I just have a couple. The reports that are
4 generated, there's times and then you designate
5 what you did during those times--

6 A. Yes, sir.

7 Q. --do you write it as you go along or do you go
8 back after everything's over and approximate
9 the times that each of these events happened?

10 A. I typically take notes as I'm going.
11 Obviously, certain events you can't take notes.
12 But I try to generate the times as close to the
13 actual times as possible.

14 Q. And then you go back and type into a computer.
15 And I assume this is some type of a form
16 generated in the same format?

17 A. Yes.

18 Q. Do you recall -- and you may have already
19 answered this -- but do you recall any specific
20 conversations you may have had with either
21 Officer Berresford or Officer Hart from West
22 Shore Regional?

23 A. No.

24 Q. Do you remember speaking to them at all?

25 A. I don't really recall having much interaction

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1 with them at all. I think I did ask them if
2 they searched the patient. I don't recall much
3 more than that.

4 Q. That's all the questions I have. Thanks.

5 MR. YANINEK: I don't have any questions.

6 (The proceedings concluded at 2:27 p.m.)

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COMMONWEALTH OF PENNSYLVANIA :
 : SS
 COUNTY OF DAUPHIN :

I, Debra L. Heary, Reporter and Notary Public in and for the Commonwealth of Pennsylvania and County of Dauphin, do hereby certify that the foregoing deposition was taken before me at the time and place hereinbefore set forth, and that it is the testimony of:

CORY GRABY

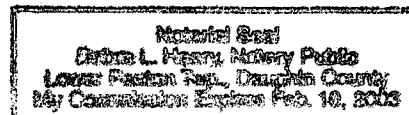
I further certify that said witness was by me duly sworn to testify the whole and complete truth in said cause; that the testimony then given was reported by me stenographically, and subsequently transcribed under my direction and supervision; and that the foregoing is a full, true and correct transcript of my original shorthand notes.

I further certify that I am not counsel for or related to any of the parties to the foregoing cause, or employed by them or their attorneys, and am not interested in the subject matter or outcome thereof.

Dated at Harrisburg, Pennsylvania this 10th day of September, 2002.

Debra L. Heary

Debra L. Heary
 Registered Professional Reporter
 Notary Public



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Incident Report

Page: 1

Incident #: 0000006843 0000

Category: 32 - Security Standby
 Subcategory: 03 - Patient - Male
 Type: 02 - Adult

Occurrence Date: 11/18/2000 To: 11/18/2000
 Occurrence Time: 08:20 To: 09:00
 Reported Date: 11/18/2000

Building/Site: Hospital
 503 North 21st Street
 Camp Hill, Pennsylvania
 United States 17011

COPY

Location: ECU
 Status: Closed

Report Taken By: Graby, Cory M

Incident Narrative

0820 S/O Graby is contacted by the ECU and requested to assist in placing pt Ryan Schorr into the seclusion room. Pt Schorr has been brought to the hospital by two West Shore Regional Police Officers, for a 302 commitment to Mental Health.

0822 Graby at the ECU, and meets with staff and the Officers outside of room 17. Pt Schorr is currently seated on the bed inside the room. Candice Highfield, Crisis, informs Graby that Schorr's mother is petitioning for a 302. WSRPD state that they did search the pt, and that he has been compliant with their requests.

0825 Pt Schorr is secluded in room 17, WSRPD clear from the ECU. Graby remains on standby, per the request of ECU staff.

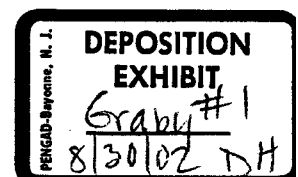
0835 Graby enters room 17 along with Rodney Buckles, ECU Tech, to place Schorr's name tag on his wrist. Pt Schorr states that he will not be touched by anyone without his bodyguard present. He states that he would like his girlfriend and father contacted so they can bring him his Limo. Schorr also states that he needs to obtain a gun so he can get some money from one of his many bank accounts. Graby places the name tag on the bed and exits the room with Rodney. Upon exiting Schorr states that he is going to buy the hospital and blow it up at 1200 hrs. Graby secludes pt Schorr.

0845 Graby along with Dr. Spurrier enter room 17. Pt Schorr allows Spurrier to conduct a brief examination. Spurrier explains to Schorr that as long as he continues to cooperate no meds will be required, however if pt Schorr becomes non compliant and disruptive he will be medicated, Schorr acknowledges that he understands this.

0850 Graby and Spurrier clear from the room, Graby secludes pt Schorr.

0855 Graby is cleared from the standby by ECU staff, due to the pts compliant behavior.

0900 Graby clears from the ECU.



Incident Report

Page: 2

Incident Person

Incident Person Details 1 of 5

Schorr, Ryan

Person Type: Patient

Incident Person Details 2 of 5

Highfield, Candice

Person Type: CMHC Staff

Incident Person Details 3 of 5

Buckles, Rodney

Person Type: ECU Staff

Incident Person Details 4 of 5

Spurrier, Doctor

Person Type: Doctor

Incident Person Details 5 of 5

Joeger, Carol

Person Type: ECU Staff

Incident Report

Page:

Incident #: 0000006844 0000

Category: 29 - Red Alert
 Subcategory: 02 - Patient
 Type: 04 - Male - Adult
 Occurrence Date: 11/18/2000 To: 11/18/2000
 Occurrence Time: 09:09 To: 09:30
 Reported Date: 11/18/2000
 Building/Site: Hospital
 503 North 21st Street
 Camp Hill, Pennsylvania
 United States 17011

COPY

Location: ECU
 Status: Closed
 Report Taken By: Graby, Cory M

Incident Narrative

0909 Red Alert to the ECU is called overhead and via radio, S/O Graby on route.
 0910 Graby arrives at the ECU and is informed that pt Ryan Schorr forced his way past Candice Highfield, Crisis, and exited the hospital heading into the middle level of the parking garage. Graby proceeds to the parking garage and meets with Rodney Buckles, ECU Tech. Graby enters the parking garage and conducts a full sweep of the area, Graby is unable to locate pt Schorr. Graby then conducts a brief search of the Senate House, again not locating pt Schorr.
 0920 Graby arrives back at the ECU. Graby is informed by staff that there were three responders to the RA which ECU staff cleared. Jesse Myers, Engineering is still present. Graby clears Jesse.
 0922 Graby is informed by Candice that she opened the door to seclusion to read pt Schorr his rights, with the door only opened halfway, pt Schorr physically pushed Candice and then ran from the ECU. Rodney pursued but was unable to stop pt Schorr from fleeing.
 0930 Graby clears from the ECU and the RA.

Incident Person

Incident Person Details 1 of 3

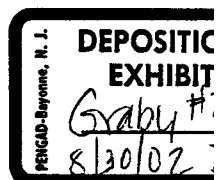
Schorr, Ryan

Person Type: Patient

Incident Person Details 2 of 3

Highfield, Candice

Person Type: CMHC Staff



Incident Report

Page: 2

Incident Person Details 3 of 3

Buckles, Rodney

Person Type: ECU Staff

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

KEITH I. SCHORR and
SUSAN SCHORR,
Plaintiffs

No. 1:01-CV-0930

Judge Kane

vs.

BOROUGH OF LEMOYNE,
BOROUGH OF WORMLEYSBURG,
WEST SHORE REGIONAL POLICE
DEPARTMENT, HOWARD DOUGHERTY,
CHIEF WEST SHORE REGIONAL
POLICE DEPARTMENT, CUMBERLAND
COUNTY, HOLY SPIRIT HOSPITAL,
Defendants

Deposition of : CANDICE HIGHFIELD

Taken by : Defendants

Date : August 30, 2002, 4:03 p.m.

Place : 210 Senate Avenue
Camp Hill, Pennsylvania

Before : Debra L. Heary, Notary Public
Registered Professional Reporter

APPEARANCES

WILLIAMS, CUKER & BEREZOFSKY
By: GERALD J. WILLIAMS, ESQ.

For - Plaintiffs

MONTGOMERY, McCRACKEN, WALKER & RHOADS, LLP
By: DAVID J. MacMAIN, ESQ.

For - Defendants West Shore Regional
Police Department, Howard Dougherty,
Chief West Shore Regional Police
Department

METTE, EVANS & WOODSIDE
By: JOHN F. YANINEK, ESQ.

For - Defendants Cumberland County and
Holy Spirit Hospital

ALSO PRESENT

Fran Charney, RN, Director Risk Management

I N D E X
WITNESS

CANDICE HIGHFIELD

Examination

By Mr. Williams

4, 31

By Mr. MacMain

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STIPULATION

It is hereby stipulated by and between counsel for the respective parties that sealing, certification and filing are hereby waived; and all objections except as to the form of the question are reserved to the time of trial.

CANDICE HIGHFIELD, called as a witness, being duly sworn, testified as follows:

EXAMINATION

BY MR. WILLIAMS:

Q. Miss Highfield, I'm Gerry Williams. And I'm here to take your deposition. I'm going to try to be even shorter with you than with other witnesses, so I won't harangue you too much about depositions. But have you ever given one before?

A. I would say -- I'm going to age myself here -- back, like, in 1983. I used to work at Children and Youth, and I think there was an insurance deposition.

Q. All right. Well, even way back then the same rules applied. And basically, they're that your testimony is under oath, so it's important for that reason alone.

Exam./Williams - Highfield

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1 We want you to give answers to questions
2 that you hear and you understand. So if you
3 don't hear a question or don't understand it,
4 let me know and I'll correct it. Okay?

5 A. Um-hum.

6 Q. Here's another rule which you just violated.
7 You have to give your answers in words for the
8 sake of our record, which is being taken down
9 by the court reporter. Okay?

10 A. Yes.

11 Q. And I'm the worst violator of this. I ask long
12 questions sometimes. So let me finish before
13 you start your answer so we're not talking over
14 each other. Okay?

15 A. Okay.

16 Q. And if for any reason you want to take a break
17 or talk to counsel or for any other purpose,
18 just let me know and you will be accommodated.
19 All right?

20 A. Thank you.

21 Q. Now, Ms. Highfield, you are not employed by
22 Holy Spirit at this moment, is that correct or
23 not?

24 A. Yes, I am, in a part-time basis.

25 Q. You are? Okay. Tell me your current

1 employment situation.

2 A. I work full-time for Lancaster-Lebanon
3 Intermediate Unit as a clinical social worker.
4 I work part-time, every other weekend, for Holy
5 Spirit as a crisis worker.

6 Q. And in your capacity-- First of all, back in
7 November of 2000, which is the time frame for
8 this case and incidents involving Ryan Schorr,
9 were you a full-time crisis worker at Holy
10 Spirit?

11 A. No.

12 Q. You were also then a part-time--

13 A. Correct.

14 Q. And describe for me then your duties as a
15 crisis worker at Holy Spirit. And we'll use
16 November 2000 as the time frame.

17 A. To answer crisis calls on the hotline or the
18 crisis line, to assess patients -- mental
19 health patients who come in for crisis
20 assessment or who are in the emergency room and
21 the doctor makes a referral or asks for a
22 crisis consult, and basically to be aware of
23 the mental health procedures and law.

24 Q. Now, going back to November of 2000, were you
25 also then primarily a weekend worker?

1 A. Yes.

2 Q. And I guess I should have asked you a better
3 way. Was it weekends that you worked back then
4 or--

5 A. At Holy Spirit?

6 Q. At Holy Spirit.

7 A. Going back then, I was a clinical therapist at
8 KidsPeace, which is also a mental health
9 facility. And I was working in intensive
10 mental health adolescent residential program.

11 Q. Right. And that was your full-time job, so to
12 speak?

13 A. Yes.

14 Q. And your part-time job at Holy Spirit back then
15 was on weekends?

16 A. That's correct.

17 Q. Same as it is now?

18 A. That's correct.

19 Q. And your part-time job at Holy Spirit is
20 essentially the same now as it was then?

21 A. Yes.

22 Q. And we understand from a lot of records and
23 from the rest of this litigation that back
24 then, back sometime in 2000, November
25 specifically, you had some contact with Ryan

Exam./Williams - Highfield

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1 Schorr who's the subject of this litigation; is
2 that correct?

3 A. On that date, yes.

4 Q. And I guess it's fair to say we're aware of one
5 particular moment of your encounter with Ryan
6 Schorr that I'm going to ask you about, but I
7 want to see what the whole parameters of your
8 contact were.

9 So is it true that you are the person who
10 opened the door to the seclusion room and the
11 person whom Ryan Schorr brushed past on his way
12 out of the hospital?

13 A. It is true that I opened the door at a corner,
14 and Ryan did not push or brush by -- he shoved
15 me--

16 Q. I understand.

17 A. --back, yes.

18 Q. But you are that person that he shoved?

19 A. Yes.

20 Q. And he then ran out of the emergency area?

21 A. That's correct.

22 Q. Other than that contact, had you previously had
23 any contact with Ryan Schorr?

24 A. No.

25 Q. All right. Now, why were you attempting to

1 enter the seclusion room where Ryan Schorr was?

2 A. Ryan was brought in under a 302, which is an
3 involuntary mental health commitment, which was
4 previously done with another crisis worker.

5 Q. Right.

6 A. He--

7 Q. Who was that other crisis worker?

8 A. Mercy, Mercedes.

9 Q. All right. Okay.

10 A. And under a 302, every patient has a legal
11 right to have their rights read to them. And I
12 was attempting to enter the room to talk to him
13 about his involuntary patient rights.

14 Q. Understood. Now, first of all, those rights
15 that are read to an involuntary patient, are
16 they on a placard or something that a worker
17 has?

18 A. A piece of paper.

19 Q. And did you have that piece of paper with you
20 when you were--

21 A. In my hand.

22 Q. Before you went in there, had you spoken to any
23 other Holy Spirit staff about Ryan Schorr?

24 A. Before I went in there, to my recollection, I
25 was behind -- at the desk where the doctors sit

Exam./Williams - Highfield

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1 behind the front desk of the ER or that area,
2 and I was on the phone with Ryan's mother.

3 Q. I'm going to ask you about that. In fact, let
4 me ask you about that now. It's not exactly
5 what I was trying to ask you, but tell me about
6 your conversation with Ryan Schorr's mother,
7 Susan Schorr.

8 A. Okay. Basically, we do an intake assessment.
9 Because Ryan was -- his thoughts were not
10 clear, I was gathering a history from his mom
11 about what happened the days before, what was
12 his mental health status, what was his history,
13 what are your concerns?

14 Q. All right. Let me break it down a little bit.
15 First of all, how did you know that Ryan's
16 thoughts were not clear?

17 A. Because Mercy would have stated that you have a
18 patient coming in. This is pending. He is
19 going to be coming in with the police. He's an
20 involuntary. Mrs. Schorr is the petitioner,
21 the mother, and this is what she's stating.

22 Q. But that's kind of a general statement. I
23 guess-- Mercedes, that's Briscese?

24 A. I think it's, like, Briscane or something.

25 Q. Okay. Mercedes -- we'll call her Mercedes --

Exam./Williams - Highfield

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1 do you recall her specifically telling you that
2 Ryan Schorr's thoughts were not clear?

3 A. Okay. And maybe you need to rephrase this,
4 because I'm not sure what you're asking, okay,
5 because she passes on information.

6 Q. I understand. Well, let me backtrack and try
7 to make it clear. You told me that one of the
8 reasons why you contacted Ryan Schorr's mother
9 is because Ryan's thoughts were not clear.

10 And I asked you why -- how did you know
11 his thoughts were not clear. And I think you
12 told me because Mercedes would have told you
13 that this person was here on an involuntary--

14 A. And the thoughts were unclear, and we're
15 looking at a 302.

16 Q. Right. But my question is, is that something
17 that applies to every 302, or was that
18 specifically applicable to Ryan Schorr?

19 A. That would apply to every 302 that you want to
20 gather a detailed history, detailed information
21 on them. And I would normally do that with
22 someone that's not going to be able to give me
23 a good history. I would want to gather their
24 support system.

25 Q. And just to probe it a little bit further, do

Exam./Williams - Highfield

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1 you specifically remember Mercedes specifically
2 telling you Ryan Schorr's thoughts weren't
3 clear?

4 A. I remember her basically saying-- I'm not sure
5 the exact terms.

6 Q. Right.

7 A. She would have left me with the-- I had the
8 impression that his thinking was delusional.

9 Q. And did you have any understanding about his
10 behavior?

11 A. That she's basically saying that she -- the
12 mother was concerned for him. She wanted him
13 to have treatment. His thoughts were
14 delusional.

15 Mom says usually when he gets into the
16 hospital, he's cooperative. And she had given
17 me part of the 302 that she had completed at
18 that point.

19 Q. All right. Now, do you recall if that part of
20 the 302 indicated that Ryan Schorr was a danger
21 to himself or others?

22 A. I'm not quite-- It would have had to be that
23 he was a danger to himself or someone else for
24 the delegate to even allow him to be brought in
25 under the 302.

1 Q. Understood. That's sort of what a 302 means, I
2 guess. But, I guess, further my question is,
3 did you have any specific information about any
4 specific danger that Ryan Schorr presented to
5 himself or others?

6 A. That he believed he was working for the
7 president, that he had a security guard, that
8 his limo was picking him up to go get money,
9 that his -- he had maybe made some threats to
10 his roommate.

11 Q. All right. Now, I took you off the track
12 there. You had started to tell me about your
13 conversation with Susan Schorr. And I think
14 you said a couple of things you asked her about
15 was Ryan Schorr's mental status and his
16 history. Is that accurate?

17 A. Yes.

18 Q. What do you recall, if anything, Susan Schorr
19 telling you about his mental status or his
20 history?

21 A. That at this point she felt that he was
22 delusional. She was concerned, this is her
23 son. She loves him very much. She wants him
24 to get treatment.

25 He had prior hospitalizations, and that

Exam./Williams - Highfield

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1 usually as long as it's not Edgewater that he
2 cooperates -- and Edgewater is a psychiatric
3 center in Harrisburg -- that he is involved
4 with Dr. Rameriz, who was a psychologist in our
5 drug and alcohol dual diagnose part here at
6 Holy Spirit in the community mental health part
7 and Dr. de la Cruz, and that Dr. Rameriz has a
8 calming effect on Ryan.

9 Q. Did you attempt to contact Dr. Rameriz?

10 A. Yes.

11 Q. And what happened with that?

12 A. I left a message. He was not there.

13 Q. How about Dr. de la Cruz?

14 A. No.

15 Q. No. There wasn't an attempt to contact that
16 doctor. Correct?

17 A. Not at that time, no.

18 Q. Now, did you have any conversation with Dr.
19 David Spurrier about Ryan Schorr before you
20 attempted to enter the room?

21 A. In my recollection, in between him seeing Ryan
22 and another patient, he said a comment like,
23 let me know if you're wanting anything else
24 with him, like, if you want me to order
25 medication.

1 Q. Did Dr. Spurrier tell you anything about Ryan's
2 condition or mental status?

3 A. Not that I recall.

4 Q. All right.

5 A. I mean, you've got to understand, I'm
6 collecting information with mom on the phone,
7 he's doing what he needs to do in the ER, and
8 we're passing.

9 Q. All right. When Dr. Spurrier made this I'll
10 call it an offer to you if you needed something
11 more, did you make any response to him? What
12 did you say to him, if anything?

13 A. That I would.

14 Q. Okay.

15 A. I don't know if I said that per word, but maybe
16 a nodding.

17 Q. I understand. Something to that effect that
18 you understood what he was saying and you would
19 avail yourself of it if you needed it. Is that
20 accurate?

21 A. Yes.

22 Q. Now, from the time you hung up with Ryan
23 Schorr's mother Susan, did you talk to anyone
24 else before you attempted to enter the room?

25 A. No.

Exam./Williams - Highfield

16

1 Q. And did you attempt to enter the room
2 immediately after you hung up from Ryan
3 Schorr's mother or was there some passage of
4 time there?

5 A. There would have been a couple minutes passage
6 of time because, of course, I have to walk from
7 back at the desk to room -- it was Room 17 at
8 the time.

9 Q. But you fairly immediately set out for Room 17
10 after you hung up. Is that accurate?

11 A. Yes.

12 Q. All right. Now, was anyone with you as you
13 approached Room 17?

14 A. No.

15 Q. We heard from Security Officer Graby earlier.
16 Had you seen him at all that day?

17 A. Perhaps when the police brought Ryan in in
18 passing. When Ryan came in with the police, he
19 was cooperating with them. He walked into the
20 ER. He was not handcuffed. Security was there
21 in passing prior to going back to the doctors'
22 desk to make phone calls.

23 Q. All right. And did you play any role in
24 clearing Officer Graby from the emergency room?

25 A. No.

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1'

1 Q. Who, if anyone, made that decision, if you
2 know?

3 A.. I would assume it would be either the ER charge
4 nurse or the doctor.

5 Q. All right. And who was the ER charge nurse?

6 A. Carol.

7 Q. Joeger. Is that how -- J-o-e-r-g--

8 A. Yeah. You get a-- I mean, there's a lot of
9 nurses. I'm very good with first names, not so
10 good with last names.

11 Q. All right. I think that's who it was. Now,
12 when you arrived at Room 17, did you look in
13 before you opened the door?

14 A. Yes. There's a little window.

15 Q. And what did you observe when you looked in?

16 A. Ryan sitting on the cot.

17 Q. Was he silent?

18 A. Yes.

19 Q. Was there anything notable about his
20 appearance?

21 A. No. He was just sitting there.

22 Q. And still -- his body was still?

23 A. Yes.

24 Q. So what happened next after you looked in?

25 A. After I looked in and he was sitting there?

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18

1 Q. Yes.

2 A. 17's door faces this way. (Indicating) So
3 when you're walking up, it's not like the
4 handle's here. (Indicating)

5 Q. Now, we're going to have to explain that for
6 the record. 17's door faces which way? It's
7 on an angle, or is it something else?

8 A. Okay. The door would be to my right. But the
9 knob, the handle, to get into 17 would not be
10 immediately to my right, it would be to the
11 left.

12 Q. Oh, okay. And then the door pulls out?

13 A. Correct.

14 Q. And swings to the right, so to speak?

15 A. Yes.

16 Q. All right.

17 A. Okay. So upon entering 17, of course there's a
18 window. I can see that Ryan's sitting on the
19 cot. So I'm going to the left, going to open
20 the door, a corner of the door to talk to Ryan.
21 As I'm trying to talk to say, Ryan, my name --
22 he shoves and pushes out.

23 Q. All right. Now, as he shoved or at any point
24 around that time, did he say or shout anything?

25 A. No.

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1 Q. He remained silent?

2 A. Yes.

3 Q. And he shoved the door open? What happened to
4 you? Did you fall--

5 A. He shoved me back. I went back -- I'm not
6 quite sure, because I think I was taken back
7 when he shoved me. I was like, whoa, because
8 Carol asked me, are you all right?

9 And I said, I'm okay. She said, are you
10 sure you don't need to be seen? I said, no,
11 I'm fine. So it must have been, you know, a
12 number of yards -- several yards that he shoved
13 me back, because Room 17 is here. (Indicating)
14 And the nurses' desk is a good piece away.

15 Q. And you ended up near the nurses' desk?

16 A. Near Carol.

17 Q. And that's where Carol was?

18 A. Correct.

19 Q. And is Room 17 visible from the nurses' desk?

20 A. Yes.

21 Q. And the doorway is visible from the nurses'
22 desk?

23 A. Yes.

24 Q. When you say Ryan shoved you, did he shove you
25 directly -- I mean, did he put his hand on your

1 person, or was it by pushing the door?
2 A. He shoved me on my person. One of the things
3 when you deal with mentally ill patients is you
4 are trained in what they call some crisis kind
5 of mode of body protection.

6 So I've been through several trainings --
7 physical trainings, you know. And I remember
8 this because I very rarely ever used it. I
9 mean, I worked at KidsPeace, and they train
10 you. And I've never had to use it.

11 But instinctively when Ryan shoved me, my
12 arms immediately went up around my face
13 (indicating), which is a block move.

14 Q. Right. All right. Now, this question may
15 sound funny to you, but let me ask it anyway.
16 Why did you approach Room 17 alone? Why didn't
17 you ask someone to accompany you?

18 A. Because normally procedure as a crisis worker,
19 I read involuntary rights, whether they're 302
20 rights, whether they're voluntary rights,
21 whether they're 304 rights to patients. I
22 mean, that's part of the job as a crisis worker
23 and as a social worker.

24 I was under-- I mean, I had no reason to
25 suspect that Ryan was going to shove me. He

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1 came in with the police without any handcuffs.
2 He was cooperating. He walked to the room. He
3 was not physically lashing out at anybody prior
4 to that.

5 I mean, I deal with delusional and
6 mentally ill patients all the time and read
7 them their rights.

8 Q. And do you normally do it alone, is that fair
9 to say?

10 A. Yeah.

11 Q. If a security guard is present in the area, do
12 you ask the security guard to watch while you
13 go
14 in?

15 A. If the patient is combative and usually is in
16 restraints or their thinking -- or at that
17 point there's an assessment by staff previously
18 that this person is going to need restraints
19 and has been physical, yes.

20 Q. All right. Otherwise, no?

21 A. Otherwise, you would treat the patient with
22 respect and use the least restrictive measures.

23 Q. Before you attempted to enter the room, were
24 you aware of any incident where Ryan refused to
25 have an ID bracelet put on his arm?

1 A. No.

2 Q. Now, after he shoved you out of the way and
3 left the hospital, what did you do next?

4 A. Carol-- Oh, what did I do next? Okay, because
5 Carol called the red--

6 Q. Well, tell me what happened next.

7 A. --alert, and she called the police. Okay?

8 Q. All right. So Carol called the red alert.
9 That's within the hospital; is that correct?

10 A. Right.

11 Q. And she called-- I mean, that's both by radio
12 and by intercom?

13 A. Yes.

14 Q. All right. And it was also Carol who called
15 the police?

16 A. Correct.

17 Q. And do you recall-- Did you hear what she said
18 to the police when she called?

19 A. Basically that-- It would have been Ryan just
20 left the hospital and that he's potentially
21 dangerous.

22 Q. Do you know what the phrase "full psychosis"
23 means?

24 A. In mental health?

25 Q. Yes.

1 A. Full psychosis would be somebody who-- Full
2 psychosis would mean they have no sense of
3 reality. You would need a psychiatrist to
4 diagnose that.

5 Q. I understand. Do you recall whether Carol used
6 that phrase in describing Ryan Schorr to the
7 police?

8 A. No, I don't recall. Sorry.

9 Q. That's fine. And just so I'm clear, you don't
10 recall one way or the other?

11 A. No.

12 Q. All right. Did she use the term homicidal with
13 reference to Ryan, if you recall?

14 A. We're talking back in November 2000. No, I
15 don't recall.

16 Q. I understand. As you sit here today, you don't
17 recall one way or the other?

18 A. Correct.

19 Q. Would you describe Ryan Schorr as homicidal at
20 the moment he left the hospital?

21 A. No, in that I would describe a homicidal
22 patient as someone who's actually committed a
23 homicidal act. I don't know that Ryan with his
24 history had ever hurt anyone. Would I have
25 called him delusional? Yes.

1 Q. And--

2 A. And needing mental health treatment? Yes.

3 Q. And when you, as a crisis worker, use the term
4 "delusional", what do you mean?

5 A. That his thoughts are in a fantasy world. He
6 believes he's someone he's not. He has the
7 thoughts that he works for the president, that
8 he's going to the bank in his limo, and he's
9 waiting for his security people. Those kinds
10 of thoughts I would call delusional.

11 Q. You're mentioning history. Ryan's history
12 reminds me of something from your conversation
13 with Susan Schorr. Did she tell you why Ryan
14 was more reactive or less cooperative if
15 Edgewater was involved?

16 A. He had a bad experience when he was
17 hospitalized at Edgewater.

18 Q. Did she tell you what it was?

19 A. Not specifically, just that she did not want
20 him to go back to Edgewater and he would not
21 cooperate there. He didn't like it there.

22 Q. All right. Now, you saw Ryan Schorr when he
23 arrived at the hospital or not?

24 A. When he arrived at the hospital, he came in
25 with two police officers. I was-- Okay. The

1 crisis office is off of the ER -- off of ER
2 wing. So I would be walking to the emergency
3 room expecting a patient to come.

4 So I was walking to the emergency room
5 with my forms for an involuntary admission.
6 And for an inpatient, there are a lot of forms
7 you complete when you are hospitalizing a
8 patient.

9 So I would be walking with my forms there
10 back to the ER. So I was walking from the
11 crisis office over to the emergency room. Ryan
12 was coming in the doors with the police
13 officers.

14 Q. I understand. So at that part of the
15 encounter, you basically just passed by. Is
16 that accurate?

17 A. That's correct.

18 Q. And I know that you've told me you had the
19 forms for the involuntary procedures and so
20 forth, did you complete paperwork on Ryan?

21 A. Yes, I completed an intake assessment form,
22 which we call the PI, and I signed off on the
23 302.

24 Q. And the information you require to fill out
25 those forms, where did you get it from?